U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

TO DROP	
1. File Number U · /3376	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name <sub>Sara</sub> J Fanelli	Name I.A.T.S.E. Local 478
	Labor Organization File Number 517-191
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 432 N, Anthony St. #305	Street 432 N, Anthony St. #305
City New Orleans	City New Orleans
State Louisiana ZIP Code + 4 70119	State Louisiana ZIP Code + 4 70119
5. Position in labor organization. Secretary/Treasurer	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name none		none	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
		7.b. Amount.	
Street			
City			\$0
State	ZIP Code + 4		

## Signature

15. Signature and verification. The undersigned declares, under penalty of				
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the				
undersigned's knowledge and belief, true, correct, and complete. (See the se	ection on penalties in the instruction	ons.)		
Signed Jane Janeth	on Aug 1,2005	504 486-2192		
	/ Date	Telephone Number		

Name of Person Filing Sara Fanelli	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer		
Street	C. Entployer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIF Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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3. Name and address of person filing.

J Fanelli

1. File Number U -

Name Sara

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name I.A.T.S.E. Local 39

Labor Organization File Number 0.2.1 - 4.2.7

	Eddor organization File Hallios.			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 432 North Anthony St. Suite 304	Street 432 North Anthony St. Suite 304			
City New Orleans	City New Orleans			
State Louisiana ZIP Code + 4 70119	State Louisiana ZIP Code + 4 70119			
5. Position in labor organization. Financial Secretary				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name none	none			
Trade Name, if any:	•			
P.O. Box, Bldg., Room No., if any	7 h Annual			
Street	7.b. Amount.			
City	\$0			
State ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, any complete. (See the section on penalties in the instructions.)

Name of Person Filing Sara Fanelli File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer ? or Consultant